



**COVERED**  
**CALIFORNIA**

FOR AMERICAN INDIANS



## TRIBAL CONSULTATION

October 18, 2017

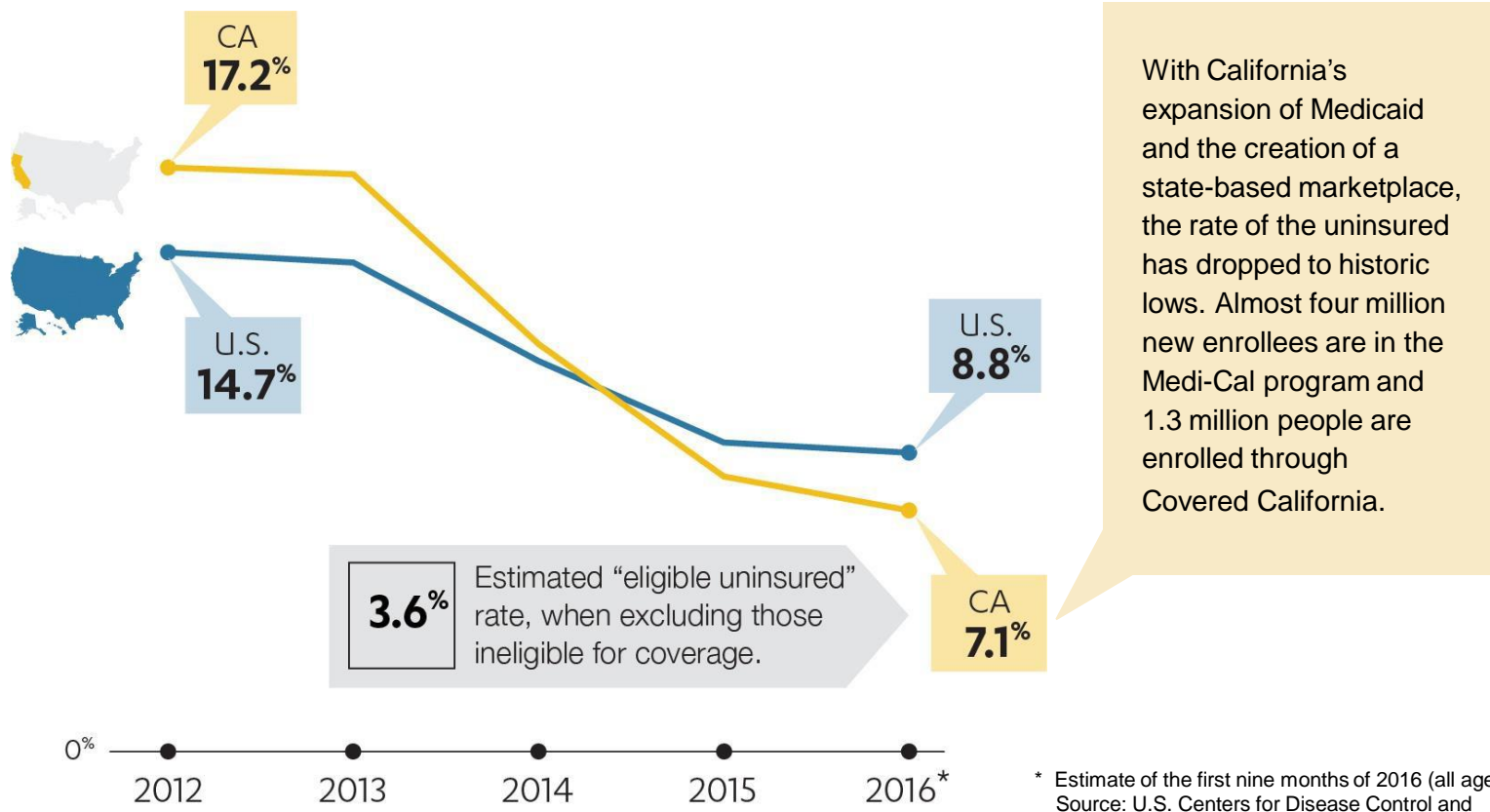
# BLESSING

# INTRODUCTIONS

# WELCOME AND EXECUTIVE UPDATE

Peter V. Lee, Executive Director

# Coverage Expansion Having Dramatic Effects in California

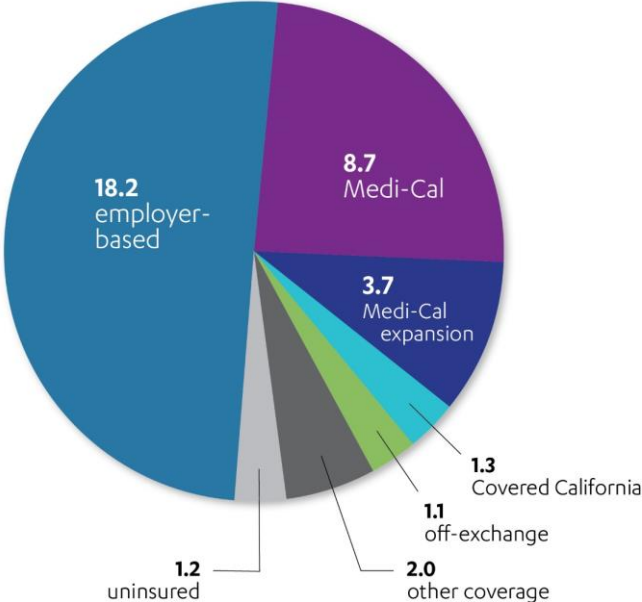


\* Estimate of the first nine months of 2016 (all ages)  
Source: U.S. Centers for Disease Control and Prevention's National Health Institute Survey

# Coverage Expansion Has Been Woven Into the Fabric of Health Care in California

The Affordable Care Act has dramatically changed the health insurance landscape in California with the expansion of Medicaid, Covered California and new protections for all Californians.

**California's 2015 Health Care Market**  
(in millions — ages 0-64)



- As of June 2016, Covered California had approximately 1.4 million members who have active health insurance. California has also enrolled nearly 4 million more into Medi-Cal.
- Consumers in the individual market (off-exchange) can get identical price and benefits as Covered California enrollees.
- From 2013 to 2016, the Centers for Disease Control and Prevention report cutting the rate of uninsured in half (1.5 million are ineligible for Covered California due to immigration status). Not counting those ineligible puts California's uninsured at 1.2 million.

Estimates based on survey data and adjusted for latest available administrative data, including:  
- American Communities Survey, 2015 1-year estimates (Table B27010)  
- CDC/National Health Interview Survey (2017) (<https://www.cdc.gov/nchs/data/hhis/earlyreleaseinsur201702.pdf>)  
- Covered California Active Member Profile (<http://hbex.coveredca.com/data-research>)  
- DMHC and CDI data on enrollment in December 2015 ("AB 1083 reports") as compiled by California Health Care Foundation (<http://www.chcf.org/publications/2016/09/california-health-plans-insurers>)  
- Department of Health Care Services Medi-Cal Medi-Cal Monthly Enrollment Fast Facts (Sept 2016) ([http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Fast\\_Facts\\_Sept\\_16\\_ADA.pdf](http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Fast_Facts_Sept_16_ADA.pdf))

# Covered California is Promoting Improvements in the Delivery of Care

Covered California contract requirements to promote the triple aim of improving health, delivering better care and lowering costs for all Californians include:



## **Promoting innovative ways for patients to receive coordinated care, as well as have immediate access to primary care clinicians**

- All Covered California enrollees (HMO and PPO) must have a primary care clinician.
- Plans must promote enrollment in patient-centered medical homes and in integrated healthcare models/Accountable Care Organizations.



## **Reducing health disparities and promoting health equity**

- Plans must "track, trend and improve" care across racial/ethnic populations and gender with a specific focus on diabetes, asthma, hypertension and depression.



## **Changing payment to move from volume to value**

- Plans must adopt and expand payment strategies that make a business case for physicians and hospitals.



## **Assuring high-quality contracted networks**

- Covered California requires plans to select networks on cost and quality and in future years, will require exclusion of "high cost" and "low quality" outliers — allowing health insurance companies to keep outlier providers, but detailing plans for improvement.

Note: for detailed information about improvements in the delivery of care, Covered California requires health insurance companies to abide by Attachment 7 of the model contract. To view Attachment 7, go to [http://hbex.coveredca.com/stakeholders/plan-management/PDFs/Attachment\\_7\\_Individual\\_7-5-2016\\_Final\\_Clean.pdf](http://hbex.coveredca.com/stakeholders/plan-management/PDFs/Attachment_7_Individual_7-5-2016_Final_Clean.pdf)

Covered California Board presentation slides on Attachment 7: <http://www.coveredca.com/news/pdfs/CoveredCA-Board-QualitySummary-04-07-16.pdf>

# Lessons Learned and Policy Options Building on Experience

- **Tough Policy Decisions Matter:** the decisions to convert all plans to ACA compliance AND one risk pool, and reward plans that made network investments helped assure initial and ongoing stability.
- **Subsidies Matter:** the subsidies — both tax credit and the point-of-care reductions — are vital to promoting enrollment and a good risk mix.
- **Assuring Competition and Choice:** effective markets and strong enrollment promotes plan and provider-level choice.
- **Benefit Designs:** patient-centered benefit designs promote access to care and retention of a healthier pool, since high deductibles are not barriers to access.
- **Marketing and Outreach Investments:** ongoing and substantial marketing commitments are essential — health insurance must be sold.
- **Delivery System Costs Must Be a Focus:** marketplaces should play a role with other public and private purchases to promote improvements in care delivery.



# Covered California is Stable Moving into 2018

- All 11 Qualified Health Plans will continue providing coverage in 2018.
- Rates are stable
  - Statewide average rate change is 12.5 percent – lower than last year and would have been single digit change if not for one-time increase of 2.8 percent due to end of the health insurance tax “holiday.”
  - Consumers who shop can limit rate change to an average of 3.3 percent.
  - Most consumer will not pay the entire rate change because of financial assistance – when premium costs go up, so does financial premium assistance.
- California’s healthy risk pool keeps premiums stable and preserve consumer choice.
- Covered California Open Enrollment Period: Nov. 1, 2017 – Jan. 31, 2018

# Recent Executive Actions: Federal Non-Payment of Cost Sharing Subsidies

- The Administration announced it will no longer fund cost-sharing reductions.
- Covered California planned ahead for this.
- Elimination of funding will NOT impact availability of financial assistance for premiums.
- Health insurance companies will add an average 12.4 percent “surcharge” on rates, but most consumers are still protected.
  - Consumers will see the amount of their financial assistance for premiums rise, offsetting the surcharge.
  - Consumers who do not receive financial assistance for premiums will have plan options that do not include the surcharge.
    - They can switch to a different metal tier or purchase a nearly identical plan outside of Covered California that does not include the surcharge.

# Recent Federal Actions: Executive Order Directing New Policy

- The President recently signed an Executive Order directing the Administration to consider implementing association health plans and short-term duration plans.
- Details will be forthcoming in regulations and we will inform the Administration of what we think the potential impacts will be.

# Open Enrollment Activities in Full Swing



OES Kick-off

- **Finished 5-Week Tour for Agents and Community Partners**

- **17 cities, 19 meetings across California**

- 3 meetings – **Northern California:** Redding, Santa Rosa, and Sacramento
- 1 meeting – **Bay Area:** San Francisco
- 3 meetings – **Central Coast:** San Luis Obispo, Watsonville, and Camarillo
- 2 meetings – **Central Valley:** Modesto and Clovis
- 3 meetings – **Los Angeles:** San Fernando Valley, Whittier, and Torrance
- 2 meetings – **Inland Empire:** Rancho Cucamonga and Palm Springs
- 1 meeting – **Orange County:** Anaheim
- 2 meetings – **San Diego County:** San Diego and Escondido



- **Facilitated by the Outreach and Sales Division – Field Account Services Teams**

- **Attended by over 1,800 Agents and other Certified Enrollment Representatives, Carrier Representative, Local County workers, Community Leaders, etc.**

- **Helping those on the front lines prepare for open enrollment**





# OPEN ENROLLMENT 5 BUS TOUR

## “Covered In Art Tour”

November 1–7, 2017

- Day 1: San Diego/Los Angeles
- Day 2: Long Beach/Ventura
- Day 3: Santa Barbara/Santa Maria
- Day 4: Bakersfield/Fresno
- Day 5: Sacramento/San Jose/Santa Cruz
- Day 6: Monterey/Oakland



# Covered in Art Tour: Mural Concept

Covered California will be commissioning artists' murals across the state, each with a theme of promoting health, wellness, coverage and that Covered California is woven into the fabric of local communities.



# Reaching the American Indian/Alaska Native Community

## Open Enrollment

November 1, 2017 to January 31, 2018

- This consultation is the right time to inform us of new ways we can reach American Indian enrollees this open enrollment period and during special enrollment period



# DISCUSSION

# TRIBAL ADVISORY WORKGROUP

Chris Devers, Designated Representative  
Southern California Tribal Chairmen's Association

# 2017 Tribal Advisory Workgroup

Northern	Southern	Central East	Central West	Non-Indigenous to CA	Non-Federally Recognized
<p><b>Tribal Leadership</b> Karen Shepherd, Sherwood Valley Band of Pomo Indians</p> <p><b>Tribal Health Programs</b> Andrea Cazares-Diego, Greenville Rancheria Tribal Health Center</p> <p><b>Urban Indian Health Programs</b> <b>VACANT</b></p>	<p><b>Tribal Leadership</b> Chris Devers, Pauma Band of Mission Indians</p> <p><b>Tribal Health Programs</b> Karan Kolb, Indian Health Council, Inc.</p> <p><b>Urban Indian Health Programs</b> Scott Black, American Indian Health and Services</p>	<p><b>Tribal Leadership</b> <b>VACANT</b></p> <p><b>Tribal Health Programs</b> Jess Montoya, Riverside-San Bernardino County Indian Health, Inc.</p> <p><b>Urban Indian Health Programs</b> Jennifer Ruiz, Fresno American Indian Health Project</p>	<p><b>Tribal Leadership</b> Vickey Macias, Cloverdale Rancheria</p> <p><b>Tribal Health Programs</b> Ronald Sisson, Santa Inez Tribal Health Clinic</p> <p><b>Urban Indian Health Programs</b> <b>VACANT</b></p>	<p><b>Member, Tribe Non-Indigenous to California</b></p> <p><b>VACANT</b></p>	<p><b>Member, Non-Federally Recognized Tribe</b> Charlene Storr, Tolowa Nation</p>

# May 1<sup>st</sup> Tribal Advisory Workgroup Meeting

- Tribal Advisory members met in person and via phone conference.
- Agenda included:
  - Federal Update and Discussion
  - Outreach and Sales Update and Discussion
  - Plan Management Update and Discussion
  - Tribal Sponsorship Discussion
  - Tribal Consultation Discussion
  - Tribal Advisory Workgroup Discussion

# Completed Action Items

- **Analysis-** Send Covered California recent analysis on federal administration impacts- CSR and Individual Mandate
- **Federal Presentation-** Share federal update presentation
- **Data-** Share American Indian enrollment

# Current Action Items

- **Website and Outreach-** Work on website content and outreach material (factsheet)
- **Purchased Referred Care-** Look into issues with clinic referrals and Qualified Health Plans

# DISCUSSION

# COVERED CALIFORNIA UPDATE- AMERICAN INDIAN/ALASKA NATIVE ISSUES CLOSED AND CURRENT

Waynee Lucero, Tribal Liaison



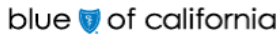
# Closed Issues

Past		
Topic	Issue	Status
Tribal Advisory Workgroup	2016 Tribal Consultation feedback that the TAW should be revamped	Closed- New and existing TAW members appointed and met on 5/1/17
Application Issues- ability to include gaming income, tribe drop down list	Per-Capita gaming income unable to be counted, not all tribes were listed	Closed- gaming calculation corrected, list of Tribes and “other” option listed
Tribal Sponsorship	Recommendation that CC should invest in creating a system where Tribes can offer members payment for premiums.	Closed- No further action required by Tribal Advisory Workgroup
American Indian/Alaska Native Mixed Tribal Family Glitch	Mixed American Indian/ Alaska Native and Non-American Indian/ Alaska Native HH unable to enroll in one application on different plans	Closed- 16.7 changes implemented fix for member level benefits- See data next slide
American Indian/ Alaska Native Mixed Tribal Family Glitch- SEP Inquiry	During 2016 Tribal Consultation members expressed concerned dependents on application would not be able to change their plan during SEP.	Closed- Per new federal guidelines, Covered California American Indian/ Alaska Native application allows all household dependents to make changes

# Current Mixed American Indian/ Alaska Native Households

Mixed Households  
745

Issuer	# of Individuals
Anthem Blue Cross	639
Blue Shield	404
Chinese Community	2
Health Net	59
Kaiser	643
Molina Health Care	53
Oscar Health Plan	11
SHARP Health Plan	32
Western Health	7
Grand Total	1850



\*2017 Plan Selections Active or Pending for Consumers indicating they are a member of AI/AN Tribe and are in a mixed AI/AN household (AI/AN and Non-AI/AN as of October 2017)

# Current Issues

Present		
Topic	Issue	Status
Indian Health Program Referral	Education information needed between QHP and IHS clinics on referrals	Ongoing- IHS presented at QHP Weekly Call. Next steps are to identify how they can inform their providers.
Enrollment in non-lowest cost American Indian/ Alaska Native plan	American Indian/ Alaska Native members enrolled in a plan that is the same coverage as the lowest cost American Indian/ Alaska Native plan but paying a higher premium by enrolling in a Platinum/Gold/Silver plan. These plans need to be decertified.	Ongoing- Issuers will send letter to consumers. In December will pull American Indian/ Alaska Native members still enrolled in a non optimum plan and need to be moved to the lowest cost American Indian/ Alaska Native plan
American Indian/ Alaska Native members impacted by Anthem and Health Net	Information needed on how American Indian/ Alaska Native members may be impacted by Anthem and Health Net changes	Ongoing- addressed Tribal Consultation
Website and Outreach Materials	Updates needed to factsheet and website.	Ongoing- Need feedback from Tribes and Tribal organizations
Outreach	Previous recommendations that CC should invest in more American Indian/ Alaska Native outreach	Ongoing, CC looking for feedback on how to reach American Indian/ Alaska Native community

# Certified Enrollment Entities (26)

Name of Entity	Program
American Indian Health & Services, Inc.	CAC
Consolidated Tribal Health Project, Inc.	CAC
Feather River Tribal Health, Inc.	CAC
Fresno American Indian Health Project	CAC
Indian Health Center of Santa Clara Valley	CAC
Indian Health Council, Inc.	CAC
Karuk Tribe	CAC
Lassen Indian Health Center	CAC
Native American Health Center	NAV
Northern Valley Indian Health, Inc.	CAC
Riverside San Bernardino Co Indian Health	CAC
Sacramento Native American Health Center	CAC
San Diego American Indian Health Center	CAC
Santa Ynez Tribal Health Clinic	CAC
Shingle Springs Tribal Health Program	CAC
Sonoma County Indian Health Project	NAV
Southern Indian Health Council, Inc.	CAC
Toiyabe Indian Health Project	CAC
Tule River Indian Health	CAC
United Indian Health Services	CAC
PIT RIVER HEALTH SERVICE, INC.	CAC
MACT Health Board, INC.	CAC
San Pasqual Band Of Mission Indians	CAC
Elk Valley Rancheria	CAC
Lake County Tribal Health Consortium, Inc.	CAC

\*Updated September 2017

# American Indian/ Alaska Native Training Courses

The following Covered California University courses that include training about enrolling American Indian/ Alaska Native members:

Trainings	Service Channel
Assisting American Indians/Alaska Native Mixed Tribal Households	Covered CA Service Center Representatives
Eligibility for Individuals and Families	Enrollment Partners and Covered CA Service Center Representatives
Plan Options	Enrollment Partners and Covered CA Service Center Representatives
CalHEERS* Application and Updates	Enrollment Partners and Covered CA Service Center Representatives
CalHEERS* Application and Updates (July and September 2016)- Custom Grouping	Enrollment Partners and Covered CA Service Center Representatives

\* CalHEERS is the user-friendly application as well as the IT system that determines eligibility and allows consumers to shop online.

# DISCUSSION

**BREAK**

# PLAN MANAGEMENT UPDATE

James DeBenedetti, Plan Management Division



# Topics

- Covered California Requirements for American Indian/Alaska Native (AI/AN) Plans
- Eligibility
- Coverage and Benefits
- Current American Indian/ Alaska Native Enrollment
- Rates Overview:
  - Regional Differences
  - 2018 Covered California Rates
- Anthem and Health Net Transition

# American Indian/ Alaska Native Qualified Health Plan (QHP) Requirements

- Covered California requires QHPs to offer the lowest cost AI/AN Zero Cost Share plan variation in the standard set of plans for each product (HMO, PPO, EPO)
- The QHP may not offer the Zero Cost Share AI/AN plan variation at the higher metal levels within the set of plans for each product
  - For example, if a QHP offers a PPO product for Platinum, Gold, Silver and Bronze metal tiers, the QHP must offer a Bronze AI/AN Zero cost share plan because it's the lowest cost premium

# American Indian/ Alaska Native Qualified Health Plan (QHP) Requirements

- QHPs offering additional plans, that do not include a Bronze plan, must offer the AI/AN Zero Cost Share plan variation at the lowest cost
  - If a QHP offers a HMO product for Platinum, Gold and Silver metal tiers, the QHP must offer a Silver AI/AN Zero Cost Share plan because it's the lowest cost premium
- QHPs are required to offer Limited Cost Share plans at all metal levels for all product types

# American Indian/ Alaska Native Eligibility: Zero Cost Share Plans

- AI/AN applicants are eligible for a **zero cost sharing** qualified health plan (QHP) if the applicants:
  - Meet the eligibility requirements for APTC (Advance Premium Tax Credit) and CSR (Cost Sharing Reduction)
  - Are expected to have a household income that does not exceed 300 percent of the federal poverty level (FPL) for the benefit year for which coverage is requested
  - Are a member of a federally recognized tribe
- If the AI/AN applicant meets the above eligibility requirements for Zero Cost Sharing plans, the QHP must eliminate any cost sharing
- AI/AN enrollees can only access these benefits if enrolled in a Zero Cost Sharing plan through Covered California
- Enrollees can select a different plan, but will not receive the Zero Cost Sharing

# AI/AN Eligibility: Limited Cost Share Plans

- AI/AN applicants are eligible for **Limited Cost Sharing** plans at every metal level if the applicants:
  - Household income exceeds 300 percent of the FPL for the benefit year for which coverage is requested, or income is not reported
  - Are a member of a federally recognized tribe
- If the AI/AN applicant meets the above eligibility requirements for Limited Cost Sharing plan, the QHP must:
  - Eliminate any cost sharing under the plan for the services or supplies received directly from an Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization, **or** through Purchased Referred Care
  - Apply standard cost sharing for the QHP's provider network outside of Indian and Tribal providers
  - Are a member of a federally recognized tribe
- AI/AN enrollees can only access these benefits if enrolled in a Limited Cost Sharing plan through Covered California
- Enrollees can select a different plan, but will not receive the Limited Cost Share benefits

# American Indian/Alaska Native Eligibility: FPL Table

## PROGRAM ELIGIBILITY BY FEDERAL POVERTY LEVEL

PLAN YEAR 2017

You may qualify for a Covered California plan with financial assistance, or free or low-cost Medi-Cal, depending on your household income and family size.

COVERED CALIFORNIA		PREMIUM ASSISTANCE											
		ENHANCED SILVER PLANS									AMERICAN INDIAN/ALASKA NATIVE PLANS		
		SILVER 94			SILVER 87	SILVER 73							
% OF FPL	100%	≤ 138%	> 138%	150%	200%	> 213%	250%	≤ 266%	> 266%	300%	≤ 322%	400%	
HOUSEHOLD SIZE	1	\$11,880	\$16,394	\$16,395	\$17,820	\$23,760	\$25,305	\$29,700	\$31,600	\$31,601	\$35,640	\$38,253	\$47,520
	2	\$16,020	\$22,107	\$22,108	\$24,030	\$32,040	\$34,123	\$40,050	\$42,613	\$42,614	\$48,060	\$51,584	\$64,080
	3	\$20,160	\$27,820	\$27,821	\$30,240	\$40,320	\$42,941	\$50,400	\$53,625	\$53,626	\$60,480	\$64,915	\$80,640
	4	\$24,300	\$33,534	\$33,535	\$36,450	\$48,600	\$51,760	\$60,750	\$64,638	\$64,639	\$72,900	\$78,246	\$97,200
	5	\$28,440	\$39,247	\$39,248	\$42,660	\$56,880	\$60,578	\$71,100	\$75,650	\$75,651	\$85,320	\$91,576	\$113,760
	6	\$32,580	\$44,960	\$44,961	\$48,870	\$65,160	\$69,396	\$81,450	\$86,662	\$86,663	\$97,740	\$104,907	\$130,320
	7	\$36,730	\$50,687	\$50,688	\$55,095	\$73,460	\$78,235	\$91,825	\$97,701	\$97,702	\$110,190	\$118,270	\$146,920
	8	\$40,890	\$56,428	\$56,429	\$61,335	\$81,780	\$87,096	\$102,225	\$108,767	\$108,768	\$122,670	\$131,665	\$163,560
	each additional person, add	\$4,160	\$5,741	\$5,742	\$6,240	\$8,320	\$8,861	\$10,400	\$11,066	\$11,067	\$12,480	\$13,396	\$16,640
DHCS Division of HealthCare Services		MEDI-CAL FOR ADULTS					MEDI-CAL ACCESS PROGRAM (FOR PREGNANT WOMEN)						
		MEDI-CAL FOR KIDS (0-18 yrs.)									COUNTY CHILDREN'S HEALTH INITIATIVE PROGRAM		

# American Indian/ Alaska Native Benefit Example

The following is an example of the differences in cost sharing between a Bronze standard plan, a Zero Cost Share AI/AN plan and a Limited Cost Share AI/AN plan for some covered services.

	Bronze Standard Plan	Bronze Zero Cost Share AI/AN Plan	Bronze Limited Cost Share AI/AN Plan
Primary Care Visit	\$75	\$0	\$75*
Specialist Visit	\$105	\$0	\$105*
Laboratory Tests	\$40	\$0	\$40*
Urgent Care Visit	\$75	\$0	\$75*

\*This cost share would be \$0 if the AI/AN member received services from an Indian Health Service, an Indian tribe, Tribal Organization, or Urban Indian Organization.

# Coverage for Out-of-Network Services

- The requirement for a QHP to offer Zero Cost Share or Limited Cost Share benefits applies to “covered services” under the plan
- QHPs are not required to offer Zero Cost Share or Limited Cost Share benefits for services received by out-of-network providers
- American Indian/ Alaska Native enrollees would be responsible for 100 percent of the cost of received services from out-of-network providers when enrolled in a plan with a closed provider network
- Closed provider networks include:
  - Health Maintenance Organizations (HMO)
  - Exclusive Provider Organizations (EPO)



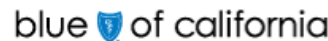
# UPDATE ON AMERICAN INDIAN/ ALASKA NATIVE ENROLLMENT

James DeBenedetti, Plan Management Division

# American Indian/ Alaska Native Enrollment Per Issuer

2017 Plan Selections Active or Pending for Consumers indicating they are a member of AI/AN Tribe (as of 9/28/2017)

Issuer	# of Individuals
Anthem Blue Cross	1,583
Blue Shield	930
Chinese Community	< 10
Health Net	126
Kaiser	1,338
LA Care	15
Molina Health Care	165
Oscar Health Plan	15
SHARP Health Plan	84
Valley Health	10
Western Health	38
<b>Grand Total</b>	<b>4,310</b>



# American Indian/ Alaska Native Enrollment Per Region

2017 Plan Selections Active or Pending for Consumers Indicating they are Member of AI/AN Tribe (as of 9/28/17)

Pricing Region	# of Individuals
1	781
2	264
3	424
4	81
5	119
6	142
7	79
8	32
9	82
10	335
11	204
12	214
13	28
14	100
15	221
16	289
17	371
18	239
19	305
<b>Grand Total</b>	<b>4,310</b>



Provider	Regions Served	Regions
Anthem Blue Cross of California	1*, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19	1 - Northern counties 2 - North Bay counties
Blue Shield of California	1*, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19	3 - Sacramento Valley 4 - San Francisco
Chinese Community Health Plan	4, 6**	5 - Contra Costa County 6 - Alameda County
Contra Costa Health Plan	5	7 - Santa Clara County 8 - San Mateo County
Health Net	4, 5, 7, 8, 9, 10, 14, 15, 16, 17, 18, 19	9 - Monterey Coast 10 - San Joaquin Valley
Kaiser Permanente	1*, 2, 3, 4, 5, 6, 7, 8, 10*, 11, 12*, 13*, 14, 15, 16, 17, 18, 19	11 - Central San Joaquin 12 - Central Coast 13 - Eastern counties
L.A. Care Health Plan	15, 16	14 - Kern County 15 - Los Angeles County, partial
Molina Healthcare	15, 16, 17, 19	16 - Los Angeles County, partial 17 - Inland Empire
Sharp Health Plan	19	18 - Orange County 19 - San Diego County
Valley Health Plan	7	
Western Health Advantage	2, 3	

\* specific areas only  
\*\* northern area only

# American Indian/ Alaska Native Specific SBCs and EOCs

- QHPs provide separate Evidence of Coverage (EOC) and Summary of Benefits and Coverage (SBC) for each metal tier by product type

## CCHP \$0 Cost Share HMO AI-AN

Coverage Period: Beginning on or after 1/1/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual and Family | Plan Type: HMO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.cchphealthplan.com](http://www.cchphealthplan.com) or by calling 1-888-681-3888.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$0	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1 <sup>st</sup> ). See the chart starting on page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	No	There's no limit on how much you could pay during a coverage period for your share of the cost of covered services.
What is not included in the out-of-pocket limit?	This plan has no out-of-pocket limit.	Not applicable because there is no out-of-pocket limit on your expenses.
Is there an overall annual limit on what the plan pays?	No	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits
Does this plan use a network of providers?	Yes. For a list of in-network providers, see <a href="http://www.cchphealthplan.com">www.cchphealthplan.com</a> or call 1-888-681-3888	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	Yes. You do need a referral to see a specialist.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have the plan's permission before you see the specialist.
Are there services this plan doesn't cover?	Yes	Some of the services this plan doesn't cover are listed on page 5 or 6. See your policy or plan document for additional information about excluded services."

Questions: Call 1-888-681-3888 or visit us at [www.cchphealthplan.com](http://www.cchphealthplan.com). If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.cchphealthplan.com](http://www.cchphealthplan.com) or call 1-888-681-3888 to request a copy.

# American Indian/ Alaska Native Zero Cost Plan Share Outreach

- Covered California became aware that AI/AN plans above the lowest cost plan were available for consumers to enroll in
- Covered California has been working to make these higher cost AI/AN plans unavailable for consumers because premiums are higher but coverage is the same.
- Less than 100 members have been identified to be enrolled in a zero cost share plan that is not the lowest cost plan
- The Service Center has a dedicated team working on outreach to assist the consumer to enroll in the appropriate, lower cost plan
- Plan Management has created a review process to prevent this from happening in the next Open Enrollment Period

# RATE OVERVIEW

James DeBenedetti, Plan Management Division

# Regional Difference for Rate Increases

- Provider competition is a primary driver of the difference in premiums between Northern and Southern California
- Close to 70 percent of the 25 largest general acute care hospitals are in the Southern region of the state compared to the North
- When a region has fewer hospitals and is dominated by a few large integrated hospital systems and medical groups, there is much less negotiating leverage for the health insurance companies to secure lower contracted rates for health services
- This regional variance is not unique to Covered California or California (also evident with other large purchasers of health care, such as CalPERS ), and was present before the ACA

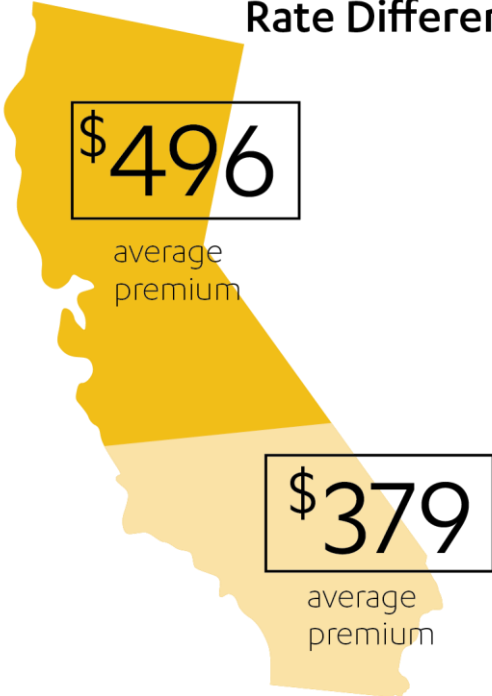
# Regional Rate Differences (North vs. South)

	Enrollment	Enrollment %	Weighted Average CSR Funded	Weighted Average CSR Unfunded	Pre Anthem Update Weighted Average CSR Unfunded
Northern CA (Regions 1-14)	637,650	45%	11.6%	19.0%	19.5%
Southern CA (Regions 15-19)	770,732	55%	13.2%	22.9%	22.9%
Statewide	1,408,382	100%	12.5%	21.1%	21.3%



# Northern vs. Southern CA Rate Differences Plan Year 2018

## Northern vs. Southern California Rate Differences\*



\* Rates based on a 40-year-old living in these regions.

# UPDATE ON ANTHEM AND HEALTH NET TRANSITION

James DeBenedetti, Plan Management Division

# Impacted American Indian/ Alaska Native Enrollees with Anthem and Health Net Removal

- Anthem AI/AN Members affected by removal  
(Regions 2, 3, 4, 5, 6, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19)
  - Approximately 50% of Anthem AI/AN enrollees will have a new carrier for Plan Year 2018\*
  - For Zero Cost Share and Limited Cost Share enrollees
- Health Net AI/AN affected by removal (Regions 1, 3, 7, 11)
  - Approximately less than 5% of Health Net enrollees will have a new carrier for Plan Year 2018\*
- Anthem and Health Net enrollees will be auto-enrolled into the lowest cost option in their region.

\* Numbers as of September 2017

# 2018 TRANSITIONS OF COVERAGE

## Messaging

- Transitioning members will receive several communications from Covered California, their previous health plan, and later their newly assigned health plan letting them know about the change, how to shop, and how to get help. (Starting on ~10/11.)
- Covered California is encouraging transitioning Anthem and Health Net members to contact their new health plan if they are in the middle of treatment and may be eligible for Continuity of Care. (In fact sheet used by all service channels.)

# 2018 TRANSITIONS OF COVERAGE

## Health Plan Data transfer

- Covered California and health plans are working on agreements that are expected to provide for transferring member health data from previous plan to new plan. Timing, process, level of detail and legal issues are still being assessed.
  - Expectation is that member diagnosis and key issues in the following categories would be sent from previous plan to new plan upon new member effectuation:
    - Members in the middle of acute treatment (e.g. hospital, chemotherapy) or in third trimester pregnancy
    - Members in case management
    - Members with chronic conditions in disease management programs
    - Maintenance prescription drugs especially if already completed step therapy process
    - Name of primary care physician for all enrollees

# DISCUSSION

# OPEN SESSION

# CLOSING REMARKS AND NEXT STEPS



**ADJOURN**

**THANK YOU!**